



STATE OF ALABAMA
BOARD OF HEATING, AIR CONDITIONING
AND REFRIGERATION CONTRACTORS

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Robert Bentley
GOVERNOR

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Kathy S. LeCroix
EXECUTIVE DIRECTOR

HVAC BUSINESS NAME CHANGE FORM

Use only to change the name on your HVAC license
DO NOT USE FOR REFRIGERATION

New Business Name _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Physical Location _____

Old Business Name _____

Business Phone _____ Cell Phone _____ Fax Number _____

This business is conducted in the following manner: *(circle one)* Individual Partnership LLC Corporation

CITIZENSHIP *This section to be completed in compliance with Ala. Code § 34-14A-7 and Ala. Code § 31-13-7.*

PROVIDE PROOF BY SUBMITTING ONE OF THE ITEMS LISTED ON ATTACHMENT

This section must be completed by the individual responsible in charge, or, if the responsible in charge is an incorporation, limited liability company, or partnership, by the responsible in charge.

1. Are you a citizen of the United States?
____ Yes ____ No If "yes," please read the declaration below sign and continue to section 2.
If "no," see question 2 below.

***I hereby declare that I am a citizen of the United States of America and,
I sign this declaration under penalties of perjury; making a false, fictitious, or fraudulent statement or
representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102.***

Signature of Responsible in Charge Date _____

2. If you are not a citizen of the United States, are you an alien who is lawfully present in the United **States** of America?

____ Yes ____ No If "yes," please read the declaration below sign and continue to section 2.

I hereby declare that I am an alien lawfully present in the United States of America.

I sign this declaration under penalties of perjury; making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 13A-10-102.

Signature of Responsible in Charge Date _____

The following individual(s) is regularly employed or is the sole owner of this organization and is the RESPONSIBLE IN CHARGE as defined in Code of Alabama 1975, Section 34-31-18 to 34 et. Seq. (Act 2009-486

LIST OF CERTIFIED CONTRACTORS
Each contractor will need to complete a separate form.

Name Certification Number

Name Certification Number

Name Certification Number

I wish to inform the Board the name listed above is a bona fide active heating and air conditioning organization as described on this information sheet and that all information hereby submitted is complete and accurate.

Responsible in charge sign here: _____ Date: _____

MUST SURRENDER CURRENT LICENSE CARD
CHANGE OF BUSINESS NAME FEE IS \$25.00 PER CONTRACTOR

To pay by Credit Card, enter card information: ☐ Master Card ☐ Visa

Card Number: _____

Expire Date: _____

Signature (*Required*) Date:

Date Received: Check # _____

Amount: _____